



City of Robbinsdale
OFFICE OF THE CITY CLERK
PAWN BROKER APPLICATION
 City Code (1135)

Annual Fee: \$2,750 + \$2.00/transaction
 \$800 Annual Investigation Fee or
 up to \$10,000 to recover costs
 Secondhand Goods: \$200
 See Appendix B for add'l information
 New _____ Renewal _____

The City Ordinance requires that the data requested in this application must be submitted in order for the City to determine your eligibility for the license. Refusal to provide the data may result in an automatic denial of the requested license. The data provided shall be classified in accordance with the Minnesota Government Data Practices Act. The City Staff shall investigate the data provided. A recommendation for approval or denial, based upon the applicant's eligibility is determined by the provisions of the licensing ordinance and other applicable laws shall be forwarded to the City Council for final determination. Access to the data provided shall be by officials and employees of the City engaged in administering or monitoring the provisions of the licensing ordinance; and also as allowed for by the Minnesota Government Data Practices Act.

PLEASE PRINT OR TYPE YOUR RESPONSES
 (Provide in full the first, middle and last names where requested)

Applicants Full Name (NO initials or nicknames)		Trade Name or D.B.A.	
Business Address		City	State Zip
Drivers License No./State Issued	Date of Birth	Residence Phone No.	Business Phone No.
Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, do you have resident alien status? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever applied for a similar license in any other location? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide name of city and also name of state in not in Minnesota. _____ Do you now have a similar business in any other location? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide address and telephone number of the similar business. _____ Phone No. () _____			
The applicant must submit all of the following with this application (check each item to indicate it is attached): <input type="checkbox"/> A. Certificate of survey of property indicating: (1) Legal description; (2) all entrances to building and parking; (3) parking areas including number of spaces provided. <input type="checkbox"/> B. Floor plans designating all areas where transactions are to occur. <input type="checkbox"/> C. Location and distance to nearest church, school, hospital and residence. <input type="checkbox"/> D. Copy of Precious Metal Dealers License, if applicable. <input type="checkbox"/> E. Surety bond: \$5,000 for Pawn Shop <input type="checkbox"/> F. Certificate of General Liability Insurance <input type="checkbox"/> G. Minnesota Tax Clearance and Workers' Compensation forms			

Provide names, address and phone numbers of three business references from the metropolitan area:

_____ _____ _____
 _____ _____ _____
 () _____ () _____ () _____

Provide names, address and phone numbers of three financial references from the metropolitan area:

_____ _____ _____
 _____ _____ _____
 () _____ () _____ () _____

PROVIDE THE INFORMATION REQUESTED ON ALL PARTNERS, OFFICERS OR ANY PERSON(S) HAVING A BENEFICIAL INTEREST IN THE BUSINESS.

Wherever a name is given, provide the full legal first, middle and last name - NO INITIALS OR NICKNAMES.

1) Name: _____ Date of Birth: _____ Citizenship Status: _____
Residence address for the past five years:

Driver's License # _____ State Issued: _____

2) Name: _____ Date of Birth: _____ Citizenship Status: _____
Residence address for the past five years:

Driver's License # _____ State Issued: _____

3) Name: _____ Date of Birth: _____ Citizenship Status: _____
Residence address for the past five years:

Driver's License # _____ State Issued: _____

4) Name: _____ Date of Birth: _____ Citizenship Status: _____
Residence address for the past five years:

Driver's License # _____ State Issued: _____

5) Name: _____ Date of Birth: _____ Citizenship Status: _____
Residence address for the past five years:

Driver's License # _____ State Issued: _____

6) Name: _____ Date of Birth: _____ Citizenship Status: _____
Residence address for the past five years:

Driver's License # _____ State Issued: _____

USE ADDITIONAL SHEETS IF NECESSARY

Applicant Signature: _____ Date: _____

**** FOR OFFICE USE ONLY ****

REPORT BY POLICE DEPARTMENT

This is to certify that the applicant named herein has not been convicted within the past five years for any violation of laws of the State of Minnesota or municipal ordinances relating to Pawn Brokers except as follows: _____

Investigation fee charge \$ _____.

BY: _____
Chief of Police

DATE: _____

REPORT BY CITY PLANNER

This is to certify that the property/business for which licensing is being requested meets all zoning requirements regulating Pawn Brokers except at follows: _____

BY: _____
City Planner

DATE: _____

REPORT BY BUILDING OFFICIAL

This is to certify that the building for which licensing is being requested meets all building code requirements for Pawn Brokers except as follows: _____

BY: _____
Building Inspector

DATE: _____

REPORT BY FIRE DEPARTMENT

This is to certify that the building for which licensing is being requested meets all building code requirements for Pawn Brokers except as follows: _____

BY: _____
Fire Chief/Marshal

DATE: _____

CITY COUNCIL PUBLIC HEARING:

Public Hearing date: _____

Notice of Public Hearing to SunPost by _____

For publication on _____ (10 days before meeting)

Mail hearing notice to applicant by _____

Prepare memo/forward to City Manager by _____

Final Action:

_____ Approve Conditions for approval: _____

_____ Denied Reasons for denial: _____

Fee of \$ _____ reimbursed on _____

BY: _____

TITLE: _____